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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 21 Hill 0425 Box Elder Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Operated Social Security # # Capacity Inspection 50 13 1 57 1.57 72 12/21/04 2 50 13 70 1.57 72 12/21/04 50 13 3 62 84 12/21/04 1.80 4 44 50 13 1.80 84 12/21/04 5 90 72 50 13 1.57 12/21/04 12/21/04 50 13 7 32 1.57 72

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 1	to Cou					-	Second Semeste o County Superin o State Superinte	ntenden	t
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHO	OOL BUS TRA	NSPORTATION	:	
This clain	n is for the	period beginning	S		,	20 and	d end	ing		, 20	
			1	month	day			m	onth d	lay	
CERTIF	ICATIO:	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District L	evel:	
21 Hill	1 Hill 0426 Box Elder H S					High School					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y	Inspection	Days Operated		Bus Driver's ocial Security #
50	G	1		57	1.57	72		12/21/04			
50	G	2		70	1.57	72		12/21/04			_
50	G	3		62	1.80	84		12/21/04			
50	G	4		44	1.80	84		12/21/04			
50	G	5		90	1.57	72		12/21/04			
50	G	7		32	1.57	72		12/21/04			

PI	

50

50

50

16

16

16

12-16-7

12-16-8

12-16-9

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

73

41

88.6

1.15

1.36

1.15

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0427 Havre Elem **Elementary 21 Hill** District Route Miles Rate Days **Bus Driver's** Social Security # Percentage Per Day Per Mile Capacity Inspection Operated 50 16 12-16-1 52.8 1.57 72 12/14/04 50 16 12-16-10 93 1.36 66 12/14/04 12-16-11 44.8 72 12/14/04 50 16 1.57 50 12-16-12A 68.4 1.57 78 12/14/04 16 12-16-12B 50 16 70.3 1.57 78 12/14/04 50 16 12-16-12C 80.1 1.57 78 12/14/04 50 16 12-16-2 44 1.57 72 12/14/04 50 12-16-3A 41.8 0.95 45 12/14/04 16 12-16-3B-52.2 52.2 50 16 0.95 45 12/14/04 45 50 16 12-16-3c 71.2 0.95 12/14/04 12-16-4 50 16 125.2 1.57 72 12/14/04 72 50 16 12-16-5 73.4 1.57 12/14/04 50 12-16-6 191.4 72 12/14/04 16 1.57

54

66

54

12/14/04

12/14/04

12/14/04

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

50

Α

12-16-9

88.6

1.15

54

12/14/04

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0428 Havre H S **High School 21 Hill** District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage Per Day Per Mile Inspection 50 A 12-16-1 52.8 1.57 72 12/14/04 50 Α 12-16-10 93 1.36 66 12/14/04 12-16-11 44.8 72 12/14/04 50 A 1.57 12-16-12A 68.4 1.57 78 12/14/04 50 Α 50 A 12-16-12B 70.3 1.57 78 12/14/04 50 A 12-16-12C 80.1 1.57 78 12/14/04 50 Α 12-16-2 44 1.57 72 12/14/04 12-16-3A 41.8 0.95 45 12/14/04 50 Α 12-16-3B-52.2 52.2 50 0.95 45 12/14/04 A 50 A 12-16-3c 71.2 0.95 45 12/14/04 12-16-4 50 A 125.2 1.57 72 12/14/04 50 72 Α 12-16-5 73.4 1.57 12/14/04 12-16-6 191.4 72 12/14/04 50 A 1.57 12/14/04 50 73 54 A 12-16-7 1.15 1.36 50 A 12-16-8 41 66 12/14/04

PI

Percentage

100

100

#

57

57

#

12-57-1

12-57-2

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

Per Day

104.6

151

Per Mile

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

Social Security #

		Hele	ena, M	T 59620-25	01					
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					May 10 to	-	Semester Superintende perintendent	
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCHO	OOL BUS TRAN	SPORTA	ATION:	
This clair	n is for the	period beginning		month	, day	20 and end	ingmo		, 20 day	_•
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Boar	d of Trustees					
County:			District	:				Γ	District Level:	
21 Hill			0445	Cottonw	ood Elem			H	Elementary	,
	District	Route		Miles	Rate			Day	s	Bus Driver's

Capacity

18

24

Inspection

12/08/04

12/08/04

Operated

PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

80

87J

8 sp ed

40

0.95

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: **21 Hill** 1207 Rocky Boy Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Operated Social Security # # Capacity Inspection 80 87J 1 24.8 1.80 84 12/30/04 80 87J 1A 35.2 1.80 84 12/30/04 87J 2 29.2 72 12/30/04 80 1.57 3 87J 20.6 1.80 84 12/30/04 80 80 87J 4 21.6 1.15 59 12/30/04 80 87J 4A 32.6 1.15 59 12/30/04 5 80 87J 67.4 1.80 84 12/30/04 80 87J 5A 87.4 1.80 84 12/30/04 80 87J 6 50 1.57 72 12/30/04 7 71 80 87J 88 1.57 12/30/04

12

12/30/04

PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 21 Hill 1208 K-G Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Operated Social Security # Per Day Per Mile Capacity Inspection 50 88 1A 25.2 1.57 70 12/31/04 50 88 1A(2)35.8 1.57 70 12/31/04 50 88 1B 10.6 70 12/31/04 1.57 100 88 1C 10.6 1.57 70 12/31/04 72 100 88 3K 21.2 1.57 None 100 88 4A 10.6 1.57 70 12/31/04 50 88 4B 10.6 1.57 70 12/31/04 50 88 4C 25.2 1.57 70 12/31/04 50 88 35.8 70 12/31/04 1.57 4C(2)

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		— 11010	11a, III	1 33020-23	01				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:	
This claim is for the period beginning , 20				20 and e	and ending, 20				
month day					n	nonth da	ny		
CERTIF	ICATIO:	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signature, Chair, Board of Trustees						
County:			District	:				District Le	vel:
21 Hill			1209 K-G H S				High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	Н	1A		25.2	1.57	70	12/31/04		
50	Н	1A(2)		35.8	1.57	70	12/31/04		
50	Н	1B		10.6	1.57	70	12/31/04		
50	Н	4B		10.6	1.57	70	12/31/04		
50	Н	4C		25.2	1.57	70	12/31/04		
50	Н	4C(2)		35.8	1.57	70	12/31/04		

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PI	

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Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 1229 Rocky Boy H S **High School 21 Hill** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Operated Social Security # Percentage # Per Day Inspection 20 87L 1 24.8 1.80 84 12/30/04 20 87L 1A 35.2 1.80 84 12/30/04 87L 2 29.2 72 12/30/04 20 1.57 3 20 87L 20.6 1.80 12/30/04 84 20 87L 4 21.6 1.15 59 12/30/04 20 87L 4A 32.6 1.15 59 12/30/04 5 20 87L 67.4 1.80 84 12/30/04 20 87L 5A 87.4 1.80 84 12/30/04 20 87L 6 50 1.57 72 12/30/04 7 71 20 87L 88 1.57 12/30/04 20 87L 8 sp ed 40 0.95 12 12/30/04